

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010587
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 92

300

-57

70

6

1. PLACE OF DEATH a. COUNTY <u>Lincoln County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bedford Twp.</u>		c. CITY OR TOWN <u>Des Moines</u>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln City Mem. Hospital - 15 hrs.</u>		d. STREET ADDRESS (If outside, give location) <u>1715 Walker</u>	
3. NAME OF DECEASED (Type or print) First <u>Belle</u> Middle <u>Anderson</u> Last <u>Anderson</u>		4. DATE OF DEATH Month <u>March</u> Day <u>20</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>? UNK.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home duties</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Work</u>	9. AGE (In years last birthday) <u>(?) 35</u>
11. BIRTHPLACE (City and state or country) <u>? U.K.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hudsteth</u>		13b. MOTHER'S MAIDEN NAME <u>? UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT <u>Mrs Anna B. Jones, 1231 E. 15th St. Des Moines, Iowa</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <u>Basal Skull Fracture - Intra Cranial</u>			INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Traumatic Injuries (Auto acc.)</u> DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18) <u>Auto & truck collided on Hwy 61</u>	
20c. TIME OF INJURY <u>6 a.m.</u> Month <u>3</u> Day <u>20</u> Year <u>58</u>		<u>south of Big Creek Inside St Charles Co.</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy 61 - St. Charles, Mo.</u>	
21. I attended the deceased from <u>7 AM March 20 58</u> and last saw her alive on <u>10 PM 3/20/58</u>		22. DATE SIGNED <u>3/21/58</u>	
22a. SIGNATURE <u>J. L. Lersch M.D.</u> (Degree or title)		22b. ADDRESS <u>Troy Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-25-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Glendale Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Des Moines Iowa</u>	
24. FUNERAL DIRECTOR <u>Carlton J. Pitman, Des Moines, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-28-58</u>	
26. REGISTRAR'S SIGNATURE <u>Will - J. Schoenhein</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 10 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Sarleton J. Pitman*

Licensed Embalmer No. *4974*
P. O. Address *Wentzville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

APR 10 1958